

# CHILDREN'S DYSLEXIA CENTERS OF NEW JERSEY

A Scottish Rite Masonic Charity

301 Division Avenue, Hasbrouck Heights, NJ 07604

Please Circle Center Choice:

Burlington      Hasbrouck Heights      Northfield      Scotch Plains      Tenafly

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ Tel: \_\_\_\_\_

Has Child Been Evaluated \_\_\_\_\_ Yes \_\_\_\_\_ No Evaluations Enclosed \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe your Child's Learning Problem(s): \_\_\_\_\_

\_\_\_\_\_

Any medical problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what are they? \_\_\_\_\_

\_\_\_\_\_

Does your child have behavioral problems in school? If Yes, what are they?

\_\_\_\_\_

\_\_\_\_\_

Is English the child's primary language? \_\_\_\_\_ Yes \_\_\_\_\_ No If NO, what is? \_\_\_\_\_

Has your child received services at any other Dyslexia Center? \_\_\_\_ Yes \_\_\_\_ No

If YES, what Center? \_\_\_\_\_

How did you hear about our Program? \_\_\_\_\_

Siblings/Ages: \_\_\_\_\_

Other Family Members with Learning Problems?

\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_ Mother \_\_\_\_\_

\_\_\_\_ Siblings \_\_\_\_\_

\_\_\_\_ Other Relatives \_\_\_\_\_

What type of remediation is your child currently receiving in school?

\_\_\_\_\_

Has your child repeated a grade? \_\_\_\_ Yes \_\_\_\_ No If so, what grade? \_\_\_\_\_

Has your child ever been critically or chronically ill? \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Is your child currently taking medication? \_\_\_\_ Yes \_\_\_\_ No If so, what medications?

\_\_\_\_\_

Do you spend time reading to your child? \_\_\_\_ Yes \_\_\_\_ No

Does your child seem to enjoy being read to? \_\_\_\_ Yes \_\_\_\_ No

Does your child hesitate to read to you? \_\_\_\_ Yes \_\_\_\_ No

Does your child talk favorably about school? \_\_\_\_ Yes \_\_\_\_ No

Is your child \_\_\_\_ right handed or \_\_\_\_ left handed

Please include any additional information which might help us to help your child.

\_\_\_\_\_

## **Release of Information for Research**

I understand that information provided to the Center as part of the application process may be used in research and hereby give my consent. It is my understanding that my child's last name will not be used and that data will be confidential. I further understand that this consent will not affect the Center's decision on my child's acceptance into the program.

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Parent Signature

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Date

Please email all application materials to: [masoniclearningcenters@verizon.net](mailto:masoniclearningcenters@verizon.net)

**OR**

Mail all application materials to:

Children's Dyslexia Centers of New Jersey  
Central Office  
301 Division Avenue  
Hasbrouck Heights, New Jersey 07604  
(201) 288-1183